



Healthy Minds, Healthy
Behaviors: Promising
Lives Right From the Start

STARTING EARLY STARTING SMART: THE COLLABORATION ESSENTIALS

Starting Early Starting Smart (SESS) is a national, public-private partnership between Casey Family Programs (CFP) and the Substance Abuse and Mental Health Services Administration (SAMHSA). The initiative supports the integration of substance abuse and mental health services (hereafter referred to as behavioral health services) into primary health care and early childhood settings that serve children ages 0 to 5 and their families and caregivers.

Program Supporters

In 1997, the Substance Abuse and Mental Health Services Administration (SAMHSA) in the U.S. Department of Health and Human Services (DHHS) and Casey Family Programs (CFP), a private operating foundation, entered into a precedent-setting public-private partnership to fund an **inclusive, consensus-oriented, collaborative, knowledge development initiative, known as SESS.**¹

Starting Early Starting Smart:

- Targets proven interventions to very young children and their families to lay a critical foundation for later growth and development.
- Meets the multiple health, educational, and support needs of families “at risk.”
- Makes behavioral health services—those addressing substance abuse prevention, treatment, and mental health—readily available to the families by integrating them into customary family service settings for young children.

For more information about *Starting Early Starting Smart* and related SAMHSA-Casey products, go to www.casey.org or www.health.org/promos/sess.

- Creates integrated service collaborations within local communities.
- Improves access to and use of services needed by caregivers, families, and children.
- Improves parenting skills and overall family well-being.
- Strengthens early childhood development.
- Nurtures positive relationships at all system levels, including parent-child, family-staff, staff-agency, and agency-agency interactions.

SESS: “The Model”

SESS does not implement a highly specified, uniform program model. Each *SESS* community tailored an overall program plan to the specific population, setting, and community served, within the guidelines below:

SESS programs:

1. Conduct a comprehensive community assessment of the resources and needs of both the target population and service providers of the community;
2. Form a “collaboration group” that involves a range of stakeholders, including families, service providers, agencies, and the community-at-large;
3. Use approaches that facilitate family involvement and participatory planning;
4. Provide support, training, and supervision to retain high-quality staff and assure program success.

Unique Aspects

- *SESS* brings consultation and direct service into the day-to-day interaction of caregivers and children in easily accessible, non-threatening places where families go naturally.
- *SESS* programs interact with the *families* rather than with the service system itself.
- *SESS* uses a “facilitated referral” approach. Family advocates communicate with the referral agency directly and may offer a specific contact person for families. The family advocate may even accompany the client to the appointment to help address any barriers to service access.
- Families are empowered to take responsibility for meeting their own needs by having them identify and prioritize their own most pressing problems. Families are educated about accessing service systems, and, in some sites, they are invited to participate in the multidisciplinary team and program planning.
- A strength-based family assessment, developed with family participation, is combined with multidisciplinary staff input regarding specific behavioral health issues. This process results in a truly individualized service plan.

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Key Concepts in a *SESS* Intervention Approach:

- Behavioral health services
- Family-centered services
- Individually tailored services
- Culturally competent services
- Mutually beneficial relationships
- Strength-based services
- Holistic perspective
- Facilitated care coordination
- Multidisciplinary team
- Cross-agency collaboration
- Co-location of services
- Comprehensive service array
- Enduring/sufficient dosage
- Prevention/early intervention strategies

Strength-Based² Services

SESS prevention and early intervention strategies are comprehensive and adapted for diverse racial and ethnic populations. A strength-based service plan is tailored to and developed with the individual family, based on an assessment of their strengths and needs. Comprehensive and responsive services are provided over time.

SESS programs move away from traditional service delivery approaches into a more family-centered model of care. Traditional approaches focus more on deficits (identifying what's wrong in order to "fix" it). They may have restrictive participation and definitions of "family." They rely heavily on technology and research while undervaluing the importance of human interaction. And they are system- or provider-driven.

The *SESS* approach, when fully implemented, supports young children's development and well-being, supports family decisionmaking and caregiving, fosters families' independence, respects children and family choices, builds on child and family strengths, and involves families in all aspects of evaluation, planning, and delivery of services.

Mutually Beneficial Relationships

A theme and guiding principle throughout all *SESS* programs is captured in the phrase, "*it's all in the relationship.*" Clinical, collaborative, and administrative efforts are all relationship-oriented, focusing on positive parent-child, family-staff, staff-agency, and agency-agency interactions.

The success of this work depends first and foremost upon positive rapport and trust building with families through an ongoing, consistent, and supportive professional relationship, which facilitates disclosure of behavioral health issues over time. For this reason, high-quality, committed staff are essential to success.

The *SESS* "Golden Rule" is that agencies treat staff in the same manner they would like the staff to treat families. This parallel process, in which an agency nurtures its staff, can significantly affect how staff nurture families: staff who feel supported and valued treat parents and caregivers in a like manner. In turn, parents and caregivers support and value their children.

Culturally Competent Services

Staff must be knowledgeable about both mainstream parenting practices and beliefs from other cultural perspectives. Ideally the staff reflects the multilingual and multicultural diversity of the families with whom it works. It is therefore imperative to move away from viewing "difference" as pathology and instead consider it as a reflection of cultural history and values.

Family Expectations

Families can expect to receive behavioral health services and family/parenting services. These basic services are integrated by care coordination and augmented by family support and advocacy that address medical, education, and basic needs.

At a minimum, within each behavioral health service area, *SESS* programs have ongoing screening, assessment, and referral options. In addition, some direct intervention activities in each area are offered, although programs may choose from a progression of options that vary in intensity and duration depending on the needs of the program participants and setting.

Evidence-Based Outcomes

As documented by a multi-site evaluation study with multiple follow-up periods, *SESS*:

- Increased access to and use of needed services by participating families;
- Strengthened ways in which families positively guide and support the development of their young children;
- Decreased drug use among caregivers in need of substance abuse treatment;
- Strengthened positive interactions between participating caregivers and infants in the early months of life; and
- Strengthened the development of young children in the program in ways that are crucial for future school success.

In addition to these child and family outcomes, *SESS* participants learned that it is possible to engage families of young children at risk, build on their strengths, support their victories over challenges, and build stronger environments for children.

The Future of *SESS*

In 2001, SAMHSA and CFP embarked upon an extension phase of *SESS*—*SESS* Extended. This phase will increase the evidence base for understanding the impact of early intervention on young children in preschool and school years. This extension seeks to validate the initial interventions, early findings, and assess their durability. *SESS* Extended includes additional data points of a refined instrument set and intervention package.

SAMHSA has funded *SESS* prototypes to further test the feasibility and effectiveness of integrating behavioral health services into early childhood settings.

CFP is examining how to incorporate *SESS* principles into its ongoing prevention and permanency initiatives with families.³

SESS Milestones

1997	First 12 grants (known as <i>SESS I</i>) awarded for 4 years	2001	Five new, <i>SESS</i> Prototype grants awarded (grants awarded for 3 years)
2000	Five of original 12 grants extended for 22 months (<i>SESS</i> Extended)	2001	Peer Technical Assistance Network launched
2000	<i>SESS</i> Family Institute held in Alexandria, Virginia (coordinated by Federation of Families for Children’s Mental Health)	2002	Early Findings (<i>SESS I</i>) released at <i>SESS</i> National Convening, Washington, DC
		2003	<i>SESS I</i> Final Report released

End Notes

¹ SAMHSA’s three centers—the Center for Substance Abuse Prevention (CSAP), the Center for Substance Abuse Treatment (CSAT), and the Center for Mental Health Services (CMHS)—collaborated internally to provide the public portion of the collaborative funding. The *SESS* initiative has also benefited from involvement and advisement of the U.S. Department of Education; the Health Resources and Services Administration, and the Administration for Children and Families of DHHS.

² A strength-based approach to working with children and families builds on all the personal attributes, interests, and elements of the family’s environment. Strengths include a family’s strong desire to succeed in “being a family,” the ability of family members to see humor in adversity, hobbies that bring knowledge or skills into the family environment, a family’s ability to “play” together, their inquiring minds, and their interest in and access to the natural world—to name just a few possibilities.

For a broad overview, see “Strength-based approaches to work with youth and families: An overview of the literature and web-based resources: an annotated bibliography of recent works and resources available on the World Wide Web,” compiled by Dr. Laura B. Nissen, Portland State University, September 27, 2001. (www.reclaimingfutures.org/PDFfiles/Strengths.pdf)

³ For new *SESS* developments and publications, please visit the *SESS* Web sites: www.casey.org or www.health.org/promos/SESS.